

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	me		10/16/01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	MM	572	11-28-01
RESPONSE FORMALITY REVIEW	MD AG	5815 640	2/1/02 5-16-02

# INDEX OF CLAIMS

Rejected N  
 Allowed I  
 Canceled A  
 Restricted O  
 Non-elected  
 Interference  
 Appeal  
 Objected

see also  
 524-916  
 525-919

PS needs DIRECT DISPOSITION of DRAWINGS

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If more than 150 claims or 10 actions  
 staple additional sheet here

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BEST AVAILABLE COPY

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TOTAL IND.
TOTAL DEP.
TOTAL CLAIMS

716 11/28  
 286  
 02-02-02  
 01/15  
 2/1/02